PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10801516

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			7		,,,,,,			RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	 	-	BASIC FEE		
TOTAL CHARGEABLE CLAIMS									-	I OH		770.00	
10	TAL CHARGEA	ABLE CLAIMS	<u>l</u> mir	nus 20=	*			X\$ 9=		OR	X\$18=		
	DEPENDENT C		minus 3 = '				·	X43=		OR	X86=		
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=		OR	+290=		
* If	the difference	in column 1 is	less than ze	ero, enter	"0" in c	olumn 2	ļ	TOTAL		OR	TOTAL	770	
CLAIMS AS AMENDED - PART II										•	OTHER	THAN	
		(Column 1)	(Column 2)			(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total _	*	Minus	**		=		X\$ 9=	` '	OR	X\$18=		
	Independent	*	Minus	***		=		X43=	-	OR	X86=		
	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDENT	CLAIM		ا ا	+145=		OR	+290=		
								TOTAL		OB	TOTAL		
ADDIT. FEE (Column 1) (Column 2) (Column 3)										JO	ADDIT. FEE		
	:	CLAIMS		HIGH	EST	(Column 3)	ı		ADDI-	1 1		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL	
	Total	*	Minus	**		=		X\$ 9=	:	OR	X\$18=		
	Independent	*	Minus	***		=	 	X43=		OR	X86=		
7	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=				-	
										OR	+290=	•	
		· A	TOTAL DDIT, FEE		OR	TOTAL ADDIT, FEE							
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +							1		<u>ب</u>			
. 14	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	·	
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL ODIT. FEE	•	
		ber Previously Paid					r four	nd in the app	ropriate box	in co lu	ımn 1.	·	